198:

Year

APPLICATION FOR UNITED STATES PATENT Declaration and Power of Attorney

	halam named	inventor, I hereby	doolore	that:
ns a	below hamed	myenior, I hereby	ucciaic	CHAC.

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if olural inventors are named below) of the invention entitled:

IMIDAZO [1,2-a] PYRIDINE DERIVATIVES USEFUL ON THERAPY AND THEIR PREPARATION described and claimed in the attached specification; that

I do not know and do not believe that the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application, that I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

This space must be filled in as follows:

(a) If all corresponding applications outside the U.S.A. were filed within one year of the U.S. filing, list only the first such application;

application;
(b) You must list all applications filed
more than one year prior to U.S. filing.
Attach a list if necessary and refer to it

(c) If there are no corresponding applications, insert "NONE".

here.

8

RANCE 80 22537 of October 22,1980

The priority of the earliest application(s) (if any), as identified above, filed within a year prior to this application is hereby claimed. I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Harold C. Wegner, Reg. no. 25,258; Barry E. Bretschneider, Reg. no. 28,055; and Helmuth A. Wegner, Reg. no. 17,033. Correspondence should be addressed to:

WEGNER & BRETSCHNEIDER
2 Suite 740
2 / 1920 N Street NW
2 / Washington, D.C. 20036

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name of Sole or First Inventor Given Name Middle Initial Family Name

*4 Inventor's Signature
*5 Date of Signature

October 12

Month Day
FRANCE

Residence BOUNG HAWRETINE FRANK.

City State or Province Country

Citizenship French

Post Office Address
(Insert complete mailing
address, including country

BOURG

20, rue Arnoux

92340 - BOURG LA REINE - FRANCE

* Note to Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

This form may be executed only when attached to the specification (including claims) at the end thereof.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE 🔀

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

1	0.402 662 00							
3	Typewritten Full Name of	_rascal		ORGE				
	Second Joint Inventor (if any)	Given Name	Middle Initial	Family Name				
			Ω	0				
	-		#A ~	1 STORI	Sec.			
*4	Inventor's Signature		1002	of Cecia	<u> </u>			
*5	Date of Signature	October		12	1981			
		Month-V		Day	Year			
*6	Residence VITRY S/SEINE	FRA		FRANCE				
	City State or Province Country							
*7	Citizenship Belge							
_		39, rue Henri de Vilemorin						
8	Post Office Address (Insert complete mailing	04400 1770077 0	CDIND DE	anan				
	address, including country)	94400 VITRY S	SEINE - FF	RANCE				
_								
3	Typewritten Full Name of Third Joint Inventor (if any)	Given Name	Middle Initial	Family Name	-			
	Time Joint Inventor (If any)	Olven Name	Middle Illiuai	raimiy Name				
•4	Inventor's Signature							
*5	Date of Signature							
	-	Month		Day	Year			
*6	Residence							
	City	State or Pro	vince	Country				
*7	Citizenship							
8	Post Office Address							
0	(Insert complete mailing							
	address, including country)							
3	Typewritten Full Name of							
-	Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name				
•4	Inventor's Signature							
*5	Date of Signature							
,	Date of Signature	Month		Day	Year			
*6	Residence							
•	City	State or Pro	vince	Country				
*7	Citizenship							
8	Post Office Address (Insert complete mailing							
	address, including country)							
3	Typewritten Full Name of	144.0						
	Fifth Joint Inventor (if any)	Given Name	Middle Initial	Family Name				
•4	Inventor's Signature		_		741.4			
*5	Date of Signature							
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•6	Residence							
	City	State or Pro	vince	Country				
•7	Citizenship							
8	Post Office Address							
8	(Insert complete mailing							
	address, including country)							
	* Note to Inventors: Please sign n	ame on line 4 exactly as	it appears in line	e 3 and insert the a	ctual date of			

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.